

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	D. 1587-PCT-US
First Named Inventor	R. Supliriskas
<b>COMPLETE IF KNOWN</b>	
Application Number	10/535,377
Filing Date	May 19, 2005
Art Unit	to be assigned
Examiner Name	to be assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUBSTRATE AND METHOD FOR THE FORMATION OF  
CONTINUOUS MAGNESIUM DIBORIDE AND DOPED  
MAGNESIUM DIBORIDE WIRES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

05/19/2005

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/US03/20628	US		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  The address associated with Customer Number: 0 0 3 5 7 4 OR  Correspondence address below

Name Attorney John E. Toupal

Address 116 Concord Street

City Framingham State MA ZIP 01702

Country U.S. Telephone 508-872-3781 Email toupallaw@juno.com

**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Raymond J.	Family Name or Surname Suplinskas
--	--------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Haverhill	State Massachusetts	Country U.S.	Citizenship U.S.
------------------------------	------------------------	-----------------	---------------------

Mailing Address  
1000 North Broadway

City Haverhill	State MA	Zip 01832	Country U.S.
-------------------	-------------	--------------	-----------------

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION Supplemental Sheet**  
**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**

Enter Deceased or Incapacitated Inventor's Name Raymond J. Suplinskas Page 1 of 1

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any)) <u>Janet</u>		Family Name or Surname <u>Suplinskas</u>	
Legal Representative's Signature 		Date <u>1/31/06</u>	
Residence: City	Haverhill	State	MA
Country	U.S.	Citizenship	U.S.
Mailing Address 1000 North Broadway			
Mailing Address			
City	Haverhill	State	MA
Zip	01832	Country	U.S.
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Raymond J. Suplinskas  
For: SUBSTRATE AND METHOD FOR THE  
FORMATION OF CONTINUOUS  
MAGNESIUM DIBORIDE AND DOPED  
MAGNESIUM DIBORIDE WIRES

The specification which:

was filed on May 19, 2005 as Application No. 10/535,377

PROOF OF AUTHORITY OF ADMINISTRATOR(TRIX)

EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE

The Declaration for the above identified application as signed on behalf of the  
deceased inventor, Raymond J. Suplinskas,

by Janet Suplinskas, legal representative

signatory Janet Suplinskas

Attached is:

A certificate of the clerk of a competent court or the register of wills that the  
appointment of the signatory is still in force and effect.

Voluntary Administration  
Commonwealth of Massachusetts

Essex Division

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

**Voluntary Administration**

Name of Decedent Raymond Joseph Suplinskas

Domicile at Death 1000 North Broadway Haverhill Essex 01832  
(Street and No.) (City or Town) (County) (Zip)

Date of Death June 10, 2005

**Death Certificate shall be filed with application.**

Name and address of Applicant(s) Janet Suplinskas, 1000 North Broadway, Haverhill, MA 01832 Status Surviving spouse

(Appointment of legal representative on behalf of a deceased inventor (35 U.S.C. 117))

Your applicant(s) respectfully state(s) that said estate consisting entirely of personal property the total value of which does not exceed fifteen thousand dollars (\$15,000) exclusive of the decedent's automobile as shown by the following schedule of all the assets of said deceased known to the applicant(s):

Name of Property	Estimated Value
<u>Application of Raymond J. Suplinskas for U.S. Patent</u>	\$ 1.00
<u>Application No. 10/535,377</u>	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$ 1.00</b>

That thirty days have expired since the date of death of said deceased and no petition for probate of will or appointment of administrator/administratrix has been filed in said Court.

That your applicant(s) has undertaken to act as voluntary administrator/administratrix of the estate of said deceased and will administer the same according to law and apply the proceeds thereof in conformity with Section 16 of Chapter 195 of the General Laws.

That to the knowledge of the applicant(s) the following are the names and addresses of all persons surviving who, with the deceased, were joint owners of property: also listed are the names and addresses of those who would take under the provisions of Section 3 of Chapter 190 in the case of intestacy.

Surviving joint owner: Janet Suplinskas, 1000 North Broadway, Haverhill, MA 01832 Wife  
Sec. 3, Chapter 190: Janet Suplinskas, 1000 North Broadway, Haverhill, MA 01832 Wife

The applicant(s) hereby certifies that a copy of this document, along with a copy of the decedent's death certificate has been sent by certified mail to the **Division of Medical Assistance, P.O. Box 15205, Worcester, Massachusetts 01615-9906**.

Date January 31, 2006

Signature(s) Janet Suplinskas  
Janet Suplinskas

**NOTARIZATION**

Essex, ss.

Date January 31, 2006

Then personally appeared Janet Suplinskas

to me known and made oath that the information contained in the foregoing statement is true to the best of his/her/their knowledge and belief.

Before me, Joseph A. Cleary

My Commission expires October 19, 2012

